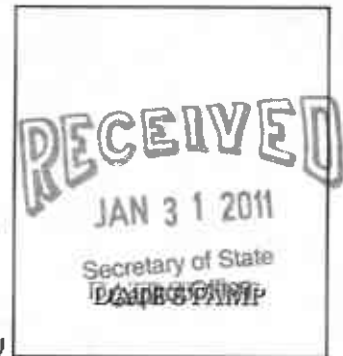


Candidate  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
2010 Non-Judicial Election

Name of Candidate AMERICA Chuck Middleton  
 Address Box 685 (1075 MAGNOLIA LN) Port Gibson MS 39110  
 Telephone (601) 529-9928 Fax (601) 437-8502  
 Contact Name AMERICA D. Middleton Email amiddleton@house.ms.gov  
 Office Sought House of Rep. Dist #85 Political Party Democratic



☐ Check here if above is different from previous report

**TYPE OF REPORT**

- ☐ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- ☐ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- ☐ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- ☐ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- ☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees
- ☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

|                               | Itemized + Non-itemized = | This Period | Calendar Year-To-Date |
|-------------------------------|---------------------------|-------------|-----------------------|
| Total amount of contributions | \$ +\$ 700                | \$ 700      | \$ 700                |
| Total amount of disbursements | \$ +\$ 3000               | \$          | \$                    |
| Total amount of cash on hand  |                           | \$ 1200     |                       |

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Chuck Middleton  
Signature of Candidate

1-31-11  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.  
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

AMERICA's Choice Middle

Page 2 of 2

Reporting period JAN 31 09 through JAN 31 11

## ITEMIZED RECEIPTS

|  |  |                           |  |
|--|--|---------------------------|--|
| A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> Other (please specify) _____ |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
| Full name<br>AT&T  |  | ___/___/___               | \$ 500 <sup>00</sup>                     |
| Mailing Address  |  | ___/___/___               | \$                                       |
| City, State, Zip Code<br>JACKSON MS  |  | ___/___/___               | \$                                       |
| Name of Employer (Required)  |  | ___/___/___               | \$                                       |
| Occupation (Required)  |  | Aggregate<br>year-to-date | \$                                       |
| B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> Other (please specify) _____            |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
| Full name  |  | ___/___/___               | \$                                       |
| Mailing Address  |  | ___/___/___               | \$                                       |
| City, State, Zip Code  |  | ___/___/___               | \$                                       |
| Name of Employer (Required)  |  | ___/___/___               | \$                                       |
| Occupation (Required)  |  | Aggregate<br>year-to-date | \$                                       |
| C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> Other (please specify) _____            |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
| Full name  |  | ___/___/___               | \$                                       |
| Mailing Address  |  | ___/___/___               | \$                                       |
| City, State, Zip Code  |  | ___/___/___               | \$                                       |
| Name of Employer (Required)  |  | ___/___/___               | \$                                       |
| Occupation (Required)  |  | Aggregate<br>year-to-date | \$                                       |
| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> Other (please specify) _____            |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
| Full name  |  | ___/___/___               | \$                                       |
| Mailing Address  |  | ___/___/___               | \$                                       |
| City, State, Zip Code  |  | ___/___/___               | \$                                       |
| Name of Employer (Required)  |  | ___/___/___               | \$                                       |
| Occupation (Required)  |  | Aggregate<br>year-to-date | \$                                       |